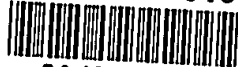


FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: Robert W. Stadler, Bruce D. Gunderson, Jeffrey M. Gillberg, Walter H. Olson
TITLE: METHOD AND APPARATUS FOR DETECTION AND TREATMENT OF TACHYCARDIA AND FIBRILLATION

JC962 U.S. PTO



03/21/01

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Assistant Commissioner of Patents, Washington, D.C. 20231, *EXPRESS No. EL844550326US, on this 21ST day of MARCH, 2001.

Printed Name

FRAYDA M. NITSCHKE

Signature

JC997 U.S. PTO
09/014251
03/21/01

Assistant Commissioner for Patents
BOX PATENT APPLICATION
Commissioner of Patents and Trademarks
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

☒ Patent Application Transmittal

☒ Specification:

Total pages: 24 (including claims and abstract: Spec. 22 sheets; Claims 2 sheets; Abstract - --

☒ Drawings:

Total sheets: 4

☐ formal

☒ informal

☒ Combined Declaration and Power of Attorney: (UNSIGNED)

☐ newly executed

☐ copy from prior application

☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

☒ Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

☒ Accompanying application parts:

☐ Notification of filing a

☐ Assignment of the Invention to Medtronic, Inc.

☐ Assignment cover sheet

☐ Information Disclosure Statement

☐ PTO Form 1449

☐ Copies of IDS citations

☐ Preliminary Amendment

☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.

☒ Return Postcard

IF A CONTINUING APPLICATION:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)
of prior application No. _____ / _____.

☐ Amend the specification by inserting before the first line the sentence: This application is a ☐ continuation
☐ division ☐ continuation in part of application number _____, filed _____.

☐ Cancel in this application original claims _____ of the prior application before calculating the filing fee.
(At least the original independent claim must be retained for filing purposes.)

☐ The prior application is assigned of record to Medtronic, Inc.

☐ The Power of Attorney in the prior application is to: _____.

X This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) 60/191,075, filed MARCH 21, 2000.


X Address all future correspondence to: GIRMA WOLDE-MICHAEL, Reg. No. 36,724
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FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	5	20	= 0	x 18	0
Independent Claims	1	3	= 0	x 80	0
Multiple Dependent Claims	0			+ 270	0
Basic Filing Fee					710
TOTAL					710

X Charge Deposit Account No. 13-2546 the sum of \$710.00 (Filing Fee) for a total of \$710.00.

X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546.. A duplicate of this transmittal is enclosed.

03/21/01
Date


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